

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 10
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MRS	FIRST Tamera	MI J
	NICKNAME	LAST Burnds	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; 1009 Meriwether St. Mansfield, TX	APT / SUITE #	CITY, STATE, ZIP CODE 76063
	5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE: (817) PHONE NUMBER: 627-7288 EXTENSION:		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Calvin	MI E
	NICKNAME	LAST Webb III	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY, STATE, ZIP CODE 2600 Wood River Parkway Mansfield, TX 76063		
8 CAMPAIGN TREASURER PHONE	AREA CODE: (817) PHONE NUMBER: 614-6329 EXTENSION:		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 02 / 20 / 2015 04 / 07 / 2015		
11 ELECTION	ELECTION DATE: Month Day Year ELECTION TYPE: 05 / 09 / 2015 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)		
		13 OFFICE SOUGHT (if known) City Council Place 5	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Tamera J. Bounds

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1,260

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 1,748.13

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

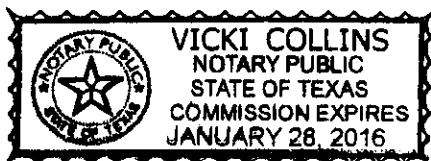
\$ 0

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Tamera J. Bounds
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Tamera J. Bounds, this the 8th day of April, 20 15, to certify which, witness my hand and seal of office.

Vicki Collins
Signature of officer administering oath

Vicki Collins
Printed name of officer administering oath

City Secretary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3	
2 FILER NAME Tamera J. Bounds		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/3/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mary Beatty	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 908 Treemont Mansfield, TX 76063		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/16/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ellie North	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1614 Wolf Creek Drive Arlington, TX 76018		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/16/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lance Irwin	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1208 Killian Dr. Mansfield, TX 76063		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/16/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Daniel Molendez	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5204 Villa Del Mar Arlington, TX 76017		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/16/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wallace Saage	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4919 Brian Haven Dr. Houston, TX 77018		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3	
2 FILER NAME Tamera J. Bonds		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/16/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Troy Martin 6 Contributor address; City; State; Zip Code 1104 Ravena Dr. Mansfield, TX 76063	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/16/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tim Ruggiero Contributor address; City; State; Zip Code 10037 Copeland Pl. P. 1st P. 1st, TX 76258	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tammy Ray Contributor address; City; State; Zip Code 1902 Devenshire Dr. Arlington, TX 76015	Amount of contribution (\$) 20.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) June Morris Contributor address; City; State; Zip Code 2601 Cheyenne Ln. Crowley, TX 76036	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Susan Frankenfield Contributor address; City; State; Zip Code 7375 Hightower St. Ft. Worth, TX 76112	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3	
2 FILER NAME Tamera J. Bounds		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/17/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jay Helton	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1137 Ridgewood Ter. Arlington, TX		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tamera Bounds	Amount of contribution (\$) 40.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1009 Meriwether St. Mansfield, TX 76063		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/31/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mary Beatty	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 908 Treemont Mansfield, TX 76063		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/31/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Erik Drzak	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 906 Treemont Mansfield, TX 76063		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/16/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tamera J. Bounds	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1009 Meriwether St. Mansfield, TX 76063		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3	2 FILER NAME Tamera J. Bounds	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 3/10/2015	5 Payee name Fast Signs
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6 Amount (\$) 28.46	7 Payee address; City; State; Zip Code 1140 West Burden Rd. Arlington, TX 76017
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) Plastic yard signs <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/12/2015	Payee name Lowe's
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Amount (\$) 14.55	Payee address; City; State; Zip Code 1901 US HWY 287 Mansfield, TX 76063
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Stakes for yard signs <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/19/2015	Payee name Staples
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Amount (\$) 102.82	Payee address; City; State; Zip Code 1781 US HWY 287 Mansfield, TX 76063
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Brochures <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/23/2015	Payee name Lowe's
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Amount (\$) 45.52	Payee address; City; State; Zip Code 1901 US HWY 287 Mansfield, TX 76063
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Stakes for Signs <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <div style="text-align: center; font-size: 1.5em;">3</div>		2 FILER NAME <div style="text-align: center; font-size: 1.2em;">Tamera J. Bourds</div>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <div style="text-align: center; font-size: 1.2em;">3/30/2015</div>		5 Payee name <div style="text-align: center; font-size: 1.2em;">Staples</div>			
6 Amount (\$) <div style="text-align: center; font-size: 1.2em;">92.00</div>		7 Payee address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">1781 US HWY 287 Mansfield, TX 76063</div>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">Advertising Expense</div>		(b) Description (If travel outside of Texas, complete Schedule T) <div style="text-align: center; font-size: 1.2em;">Postcards</div> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <div style="text-align: center; font-size: 1.2em;">4/1/2015</div>		Payee name <div style="text-align: center; font-size: 1.2em;">Lowe's</div>			
Amount (\$) <div style="text-align: center; font-size: 1.2em;">26.93</div>		Payee address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">1901 US HWY 287 Mansfield, TX 76063</div>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">Advertising Expense</div>		Description (If travel outside of Texas, complete Schedule T) <div style="text-align: center; font-size: 1.2em;">Stakes for signs</div> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <div style="text-align: center; font-size: 1.2em;">4/1/2015</div>		Payee name <div style="text-align: center; font-size: 1.2em;">Staples</div>			
Amount (\$) <div style="text-align: center; font-size: 1.2em;">62.73</div>		Payee address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">1781 US HWY 287 Mansfield, TX 76063</div>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">Printing Expense</div>		Description (If travel outside of Texas, complete Schedule T) <div style="text-align: center; font-size: 1.2em;">Labels</div> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <div style="text-align: center; font-size: 1.2em;">4/1/2015</div>		Payee name <div style="text-align: center; font-size: 1.2em;">Staples</div>			
Amount (\$) <div style="text-align: center; font-size: 1.2em;">73.57</div>		Payee address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">1781 US HWY 287 Mansfield, TX 76063</div>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">Advertising Expense</div>		Description (If travel outside of Texas, complete Schedule T) <div style="text-align: center; font-size: 1.2em;">Ink, Name Badge, Prints</div> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3		2 FILER NAME Tamera J. Bounds		3 ACCOUNT # (Ethics Commission Filer)	
4 Date 4/1/2015		5 Payee name Fast Signs			
6 Amount (\$) 74.22		7 Payee address; City; State; Zip Code 1140 W. Bardin Rd. Arlington, TX 76017			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) Banners <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/1/2015		Payee name USPS			
Amount (\$) 272.00		Payee address; City; State; Zip Code 400 South Main Street Mansfield, TX 76063			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Stamps <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/16/2015		Payee name WePay, Inc.			
Amount (\$) 42.25		Payee address; City; State; Zip Code 380 Portage Ave. Palo Alto, CA 94306			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Contribution processing fees (online) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/17/2015		Payee name WePay, Inc.			
Amount (\$) 10.08		Payee address; City; State; Zip Code 380 Portage Ave. Palo Alto, CA 94306			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Contribution processing fees (online) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

EXPENDITURE CATEGORIES FOR BO:

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

The Instruction Guide explains how to complete this

① Need dates for purchases (all)

② Check the box on those items

in which reimbursement is intended.

③ Lowe's for yard sign stands?

1 Total pages Schedule G:

2

2 FILER NAME

Tamera J. Bounds

4 Date

3/9/15

5 Payee name

FastSigns

6 Amount (\$)

307.45

7 Payee address;

City; State; Zip Code

1140 West Bordin Rd. Arlington, TX

**PURPOSE
OF
EXPENDITURE**

(a) Category (See categories listed at the top of this schedule)

Printing Expense

(b) Description (If travel outside of Texas, complete Schedule T)

Yard signs

☐ Check if Austin, TX, officeholder living expense

Date

3/9/15

Payee name

Signs on the Cheap

Amount (\$)

304.06

Payee address;

City; State; Zip Code

11550 Stonehollow Dr. Austin, TX 78758

**PURPOSE
OF
EXPENDITURE**

Category (See categories listed at the top of this schedule)

Printing Expense

Description (If travel outside of Texas, complete Schedule T)

Yard signs

☐ Check if Austin, TX, officeholder living expense

Date

3/8/15

Payee name

Staples

Amount (\$)

194.84

Payee address;

City; State; Zip Code

1781 US HWY 287 Mansfield, TX 76063

**PURPOSE
OF
EXPENDITURE**

Category (See categories listed at the top of this schedule)

Advertising Expense

Description (If travel outside of Texas, complete Schedule T)

Brochures

☐ Check if Austin, TX, officeholder living expense

Date

4/4/15

Payee name

Lowe's

Amount (\$)

27.54

Payee address;

City; State; Zip Code

1901 US HWY 287 Mansfield, TX 76063

**PURPOSE
OF
EXPENDITURE**

Category (See categories listed at the top of this schedule)

Advertising Expense

Description (If travel outside of Texas, complete Schedule T)

Sign stakes

☐ Check if Austin, TX, officeholder living expense

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2	2 FILER NAME Tamera J. Bounds	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4/3/15	5 Payee name Lowe's
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6 Amount (\$) 28.11 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1901 US HWY 287 Mansfield, TX 76063
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Sign stakes <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 2/24/15	Payee name Eagle Postal Center
------------------------	--

Amount (\$) 41.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 900 North Walnut Creek Dr. Mansfield, TX 76063
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Stamps for postcard <input type="checkbox"/> Check if Austin, TX, officeholder living expense 4/15 mailbox setup
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Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	--

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED